VENEREAL DISEASES IN CHILDREN AND ADOLESCENTS.

THEIR RECOGNITION AND PREVENTION.

(Notes of Three Lectures addressed to Schoolmistresses, at the Royal Society of Medicine, London, September, 1916.)

BY

Dr. MARY SCHARLIEB.

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VENEREAL DISEASES IN CHILDREN AND ADOLESCENTS.

Their Recognition and Prevention.

(NOTES OF THREE LECTURES ADDRESSED TO SCHOOLMISTRESSES.)

THIS pamphlet is addressed to the parents and guardians of children. Public attention has been drawn to the subject of child welfare, and, in consequence, there is a new-born interest in all that concerns children—a determination to lessen infantile mortality and to diminish the sickness rate among the little ones.

National interest has been growing rapidly since the beginning of the present century, and much has been done to secure the welfare of the child before birth, at the time of birth, during infancy, throughout childhood and adolescence. In consequence there has been a considerable fall in the mortality and in the morbidity of children, but the great awakening of the nation was completed by the shock of war, which came on a totally unprepared nation like a bolt from the blue. As soon as the public realised that in the course of a few months we had lost more than 200,000 of the strongest and the best of our young men, and that the already existing deficiency of males as compared with females was thus greatly aggravated, when we began to understand that the premature deaths of these young men, who should have been the fathers of the immediate future, meant an inevitable reduction of the birth-rate, we also understood that for many years to come every healthy child is worth more than its weight in gold.

It happened that just when the War broke out two Commissions were appointed, each in its own way dealing with questions of national health and efficiency.

The Royal Commission on the Venereal Diseases has shown by its Report that the fountain of national life is tainted at its source, and that much infantile mortality and much of the morbidity of children is due to diseases which are preventable but are not prevented—which are readily curable but which are not cured.

The Commission appointed to investigate the subject of the declining birth-rate revealed the facts that the birth-rate has fallen by about one-third since 1876, and that this fall has been partly due to selfishness, love of ease, the rise of luxury and the

failure of wages to rise in proportion. In addition to these and to other economic causes, the evidence laid before the Commission pointed clearly to pre-natal conditions of disease as a contributory cause of the decline in the birth-rate.

There is no doubt that the question of a falling birth-rate, an abnormally high rate of infantile mortality, and a heavy incidence of sickness and permanent injury to the health of children are among those most deeply interesting to the women of the nation.

Mothers and other guardians of children—among whom the best educated and the most responsible are those who have the care of children from the beginning to the end of school life—have the power to save the babies and the children. Of their good will there is no doubt, but so long as they are ignorant of the facts of the case their power cannot be used to the best advantage and their good will is relatively valueless.

Mothers and schoolmistresses must therefore submit to the acquisition of painful knowledge, and must patiently learn what remedies are available, and how they may be most efficiently applied.

Out of 800,000 children born every year in England and Wales, 100,000 die before the completion of the first year; of that 100,000, 20,000 die before the end of the first week; 30,000 before the end of the first month. Further, of the children conceived, 100,000 die every year between the date of conception and the completion of the full term. Thus we are losing every year 200,000 potential citizens.

People may say, "This is a very appalling loss of infant life, but it is probably due to bad milk, bad water, bad air, bad management, bad climate, measles, whooping-cough, and tubercle." It is true that every one of those factors has something to do with our infant mortality, and that it has much to do with our child mortality, which is very serious up to the age of five years. But it is not possible to believe that children die from such causes within one week of birth. They do not die of measles or whooping-cough within one week, nor do they at that age die of bronchitis, pneumonia, and tubercle; it is not the climate that kills them, it is not bad housing, bad milk, bad water, or bad management on the part of their poor, ignorant mothers; it is none of these things. It must be something that was born with them, something that was in them before they were born, and that something, we have reason to believe, is in many cases one of the great venereal diseases, syphilis. Doctors have known for a very long time that any woman who has a series of miscarriages and several premature children is almost certainly syphilitic; but, although doctors had that conviction, it was not easy to convince the public, because there was nothing for it but the word of the doctors; but now they can offer a proof of their knowledge.

In 1905 Schaudin discovered the spirochæta pallida, a certain micro-organism which looks like a little worm, a microscopic tiny thing; he found that this germ is in the bodies of all people who die of syphilis or the consequences of syphilis. Then Wassermann discovered how we could recognise this disease, how by a simple bio-chemical test we could be sure who was syphilitic and who was not. Lastly, Ehrlich found salvarsan; and since that time we have made a large number of other arseno-benzol compounds, such, for instance, as kharsivan and neo-kharsivan, both of them British, arseno-benzol-Billon and novarseno-benzol-Billon and Gallyl, all of them French. There are other similar substances that may prove efficient, and their numbers are growing constantly.

So now we know the cause of syphilis, we know how to detect syphilis, and we know how to cure syphilis. We also know that a very large percentage, some people say twenty-five per cent., some people say fifty per cent., some say a heavier percentage still of those children who die before birth or during the early months of their first year certainly die of syphilis. That being the case, it is the business of every woman in the land, whether she be the actual mother of children or whether she be the woman to whom the welfare of children is very dear and of supreme importance, to prevent so grievous a wrong. Will not every woman in the land who knows about it wish to prevent it? But people cannot prevent disasters of the causes of which they know nothing. They must have some idea as to the nature of the enemy, they must know how to get rid of the enemy before they can fight with any prospect of success.

Without going further into the question of the syphilis of the unborn, it is necessary to repeat that the great majority of miscarriages, premature births, and still-births at full time are due to syphilis, that the spirochæta pallida can be found, and is found, in the dead bodies of these abortions and of these premature babies. Let us think about the syphilitic child that is born alive; after a woman has had a series of miscarriages, and perhaps one or two premature children and children dead at birth, she finally (perhaps owing to the disease wearing itself out, or perhaps owing to having been treated more or less successfully) gives birth to a living child, and that child very frequently looks healthy when it is first born. After a short time, somewhere about six weeks, the baby shows that all is not well with it. Amongst other things, it suffers from what is popularly known as the snuffles, an inelegant word, which means that the child cannot breathe very well, that its nose is stuffed up; there may be a catarrh, and a little discharge from the nose. In some instances, where the infection is very severe, the cartilages of the nose ulcerate and the bridge of the nose flattens, and then the child has what is known as a saddle-backed nose, a depressed

nose. Besides the snuffles, a syphilitic baby begins about six or seven weeks of age to suffer from various rashes. These rashes appear all over the body, sometimes in groups, sometimes in circles, sometimes generally diffused. In addition to the rashes, syphilitic infants suffer from sores round the mouth, especially at the angles of the mouth and round the opening of the bowel, the part that is known as the anus. These sores are called mucous tubercles. They are moist, a discharge comes from them, and they are very infectious from child to child. People who kiss such a baby are extremely liable to contract the disease themselves. Kissing on the mouth is always an objectionable habit; it is, thanks to the folly that leads us to kiss each other, that we suffer from so many colds, that we have so much influenza and other troubles of that sort. The people then, the nurses and the mothers, who kiss these unhappy syphilitic babies are extremely liable to be infected themselves on their own lips and in their own mouths. Another dangerous habit is that of using another person's spoon or toothbrush. I was reading a little time ago a medical book in which a case was cited where there was a syphilitic baby in the family, and the grandmother, who fed this child with its bread and milk, in order to make sure that the food was sweet enough and not too hot used occasionally to put the spoon into her own mouth. It was at one time in her mouth, another time in the mouth of the syphilitic baby, and another time in the mouth of a child a little older. The grandmother got primary syphilitic sores on her tonsils, and the little brother or sister also got primary syphilitic sores on mouth, lips, and tonsils, entirely owing to the infection from the spoon. Therefore, it is evident that people ought not to use spoons indiscriminately. Nor should towels and pocket handkerchiefs be used indiscriminately. Everyone, but especially children, should use Japanese paper pocket handkerchiefs; they are very cheap, and they are infinitely safer than ordinary handkerchiefs because they can be burnt at once. Bits of rag carefully washed out and quite clean may also take the place of ordinary handkerchiefs. If preferred, a piece of butter muslin can be used; it is not even necessary to hem it; it can be torn into squares.

The development of snuffles, rashes, and mucous tubercles occurs about six or seven weeks after birth. Soon the child's nutrition fails; it rapidly becomes a miserable little object with shrunken thin limbs, enlarged and tumid abdomen, and its complexion becomes like café-au-lait. The whole child looks as if it were a cross between a monkey and a very old wrinkled man. These are the babies that are very familiar to nurses. They are what they understand by "wasters," or by the term "marasmic babies." Such a baby wastes and cannot but waste; such a baby cannot and will not thrive; such a wretched baby is often seen in the hospitals in our big towns. The poor little creature is a syphilitic baby.

When the child is about six or seven months old it may develop a fresh set of symptoms; it very frequently has convulsions. Any one who has much experience in children knows what a large share convulsions and meningitis play in causing the deaths of young children. Convulsions and meningitis are sometimes due to tubercle and sometimes to other causes, such as syphilis. If a syphilitic child dies and an examination of the body is made it is found to be teeming with spirochætæ pallidæ. Some syphilitic babies survive one year and greatly improve in health. Probably, they have been treated by the good old-fashioned grey powder and other preparations of mercury. It is a question of the survival of the fittest; but, although some of them do survive and do become greatly improved in health, their bad nutrition, stunted growth, and poor complexion tell a sad story. They go along pretty well until they begin their second dentition, between six and eight years of age. There seems to be some coincidence between teething and the manifestation of systemic disease. The early symptoms appear at six weeks, the more pronounced symptoms appear at six months, the next group of symptoms developing about six or seven years of age, when the second dentition begins, and, lastly, another group of symptoms appears during adolescence, somewhere between fourteen and twenty years of age, when the eruption of the so-called wisdom teeth is at hand.

Fifty years ago a very great surgeon, Jonathan Hutchinson, wrote that "Congenital syphilitics nearly always have notched and pegged teeth." The teeth that show this change most frequently are the upper central incisors, but almost all the incisors may show the syphilitic characteristics. They are small teeth, broader at the gum than they are at the free margin; when they are first cut they have little pegs, little knobs, on them. Those little pegs gradually break away, and then the tooth presents a shallow crescentic notching, and from the time that those characteristic incisors appear the individual is marked for life or until merciful nature or a skilful dentist removes those teeth. The presence of notched and pegged teeth or badly-formed teeth does not seriously injure the health of the individual; it is only the stigma; but about the same time other symptoms occur that are of the greatest importance. For instance, there is a peculiar change in the glassy part of the eye. We all look out through the glassy part of the eye called the *cornea*, which is shaped somewhat like a watch-glass and fitted on to the white of the eye. In the case of healthy people the cornea is really clear and transparent, and they see very well; but the syphilitic child in some instances developes a very peculiar affection of this glassy part of the eye. It is a special kind of chronic inflammation, and it is known as *interstitial keratitis* (insterstitial inflammation of the glassy part of the eye). This may be so severe as to reduce vision to the same level as would frosted or ground

glass or glass with paper pasted over it. The patient's vision is practically nil; he may have a perception of light, but he does not see objects; that is the state of the child with severe syphilitic keratitis. Little by little the vision becomes worse and worse until, in some instances, it is entirely lost.

Another eye trouble often found in syphilitic children as well as in syphilitic adults is atrophy of the optic nerve. If the optic nerve is atrophied sight is lost, and lost without hope of cure, or even of improvement. It is an appalling fact that more than half of all the blindness in the country is due to venereal diseases, to syphilis and to gonorrhœa.

Another trouble that frequently comes on about six or seven or eight years of age is deafness. The nerve of hearing becomes affected, and gradually (or more rapidly even in six, seven, or eight weeks) the child becomes quite deaf. Some of us are acquainted with the working of the schools for mentally deficient children and schools for physically defective children; any woman who is interested in such schools must feel chords of sympathy awakened in her heart, because she will be able to recognise in this description the plight of some of her unfortunate little scholars. It is well that the nation is now beginning to take care of the physically defective and the mentally deficient; but it is not enough to take care of them; it is not enough to have blind asylums and deaf asylums and hospitals and special schools. What is necessary is that we should stop the infection, and that we should not have children in the country who are injured through no fault whatever of their own. Children do not ask to be born; it is their parents who call them into existence, and their existence ought to be happy and blessed, instead of which it is sometimes very unhappy, and, in some instances, life can only be called a curse.

At the time of adolescence, between the fourteenth and the twentieth year, some children show signs of latent congenital syphilis (*syphilis hereditaria tarda*). They may, perhaps, have shown signs of syphilis in babyhood, but they were more or less efficiently or inefficiently treated, and have gone with credit through the early years of school life. Taking the case of elementary school children, these children may have gone to school at five years of age, and some of them have notched and pegged teeth, some of them may have had trouble with the eyes, or deafness, but another portion of those children may have enjoyed very fair health, although pallid and stunted in growth. Looking at such children, people say, "See the terrible influence of London air and London food!" It is not London air, it is inherited disease. There is not much wrong with London air, there is nothing wrong with London food if you can only get enough of it. Our milk, our butter, our bread, are all quite good, although the standard might be higher. We want more legislation and more

vigorous and sympathetic working of existing legislation. We want more attention to milk and to butter and to other foods for the sake of the poor; but look at the children in another stratum of society, look at our own children and grandchildren who have been born and brought up in London. They are tall, broad, strong, and in all respects healthy. It is not the London air or the London food that is to blame, but it is the criminal neglect of the nation that will not put down the great injustice of hereditary disease, this terrible cruelty to children that is in our midst. What happens to these children who suffer during adolescence from latent syphilis? They have gone to school, and many of them, in spite of some disabilities, have distinguished themselves. Some of them have become county council scholars. In another class of school those responsible for the children have watched them developing and growing up, and they have been delighted with them. They say they are good children, clever children, perhaps not very robust, but still very nice children indeed, children who distinguish themselves in class, children well able to get through their lessons, not only learning by heart like parrots, but according to their gifts, understanding according to the measure of their age; these are the children who win scholarships, the children we look to to be sources of light and leading to the next generation. Unfortunately, a certain proportion of these children, who were syphilitic when they were babies, begin during the second decade of life to alter very strangely in mental and in bodily characteristics. The mother consults a doctor, and asks: "What can have happened to this girl? She was such a clever, such a fine girl; she was ready to do anything, she could play hockey and tennis, she was good at the piano, she was good at languages." Or it may be, in the case of another girl, the mother says: "I have had great hopes of my girl; I thought that she would go to Girton or to some college, I was very proud of her and of her progress. Now her memory has failed, and she has all sorts of queer fads and fancies; her appetite has failed, she cannot eat, and she is suspicious of her food. She thinks people are unkind to her, she thinks that her fellow scholars do not wish to talk to her." After a time it is noticed that such children fail to develop. They suffer from "infantilism." Also, they walk with a peculiar gait, there is a certain amount of vacillation or stagger. Later on, at sixteen, seventeen, or eighteen years of age, the girl may be found sitting on the floor playing with her doll as if she had gone back to the days of early childhood, and the boy has become childish. Their legs have become quite unsteady, and they have not the power to use their hands rightly. When it comes towards the bitter end, those girls and those boys cannot feed themselves, they cannot walk, they cannot stand, they cannot sit, they cannot sew, they cannot write, they cannot guide the cup to their lips, nor cut up their food. What has happened?

They have syphilitic disease of the brain or its membranes. They may also have syphilitic disease of the spinal cord. In short, these children are suffering a form of what, when it affects adults, we call locomotor ataxy or general paralysis of the insane, but, as is usual in youth, the course of the disease is more acute than it is in the adult. Not infrequently these children suffer, even so early, from certain diseases of the heart and of the great blood-vessels, just the same syphilitic diseases that affect adults, and which in them lead to aneurism of the aorta and other forms of heart disease, also to diseases of the big blood-vessels and diseases of the nerves.

In addition to all these terrible results of congenital syphilis, it may happen, very rarely, that a young person who has been the victim of inherited syphillis marries and hands on the disease in an attenuated form to its own children. In these cases, the grandfather or grandmother, perhaps both of them, were syphilitic, they gave birth to a syphilised child, and, should that child marry and have offspring, the grandchildren may be tainted with the same disease.

Gonorrhœa.

Gonorrhœa is an acute specific inflammation of a mucous membrane, whether of the eye or of the genito-urinary organs. In the first instance it generally attacks the small passage (which in the woman is three-quarters of an inch in length) leading to the bladder. The gonococcus is a minute micro-organism which has certain peculiarities. It is round, spherical in form, it always occurs in pairs, and because it always occurs in pairs it is known as a *diplococcus*. Another peculiarity is that the gonococcus has a passion for hiding itself in cells. The whole of our body is made up of cells, and the gonococcus gets into the cells of the mucous membrane, establishes itself there, and after a time it burrows into the deeper tissues. The result of this is that gonorrhœa, which is not a very easy disease to cure at any time, quickly becomes extremely difficult to cure. As a matter of fact, there used to be a saying current amongst doctors that a woman never had more than one attack of gonorrhœa, because one attack lasts for life. That is an appalling doctrine, but it is not altogether true and accurate. It is not true that anyone who has the misfortune to be infected is necessarily incurable and hopeless.

An attack of gonorrhœa begins with a sensation of heat, itching, and irritability, accompanied with a certain amount of smarting and soreness of the part affected. If it be the urethra (that is, the passage that leads into the bladder) that is affected, there is generally more or less pain, difficulty, scalding, and frequency in the act of passing water. Some women go to a doctor because they say they are passing their water much too frequently,

and very likely add : " And when I pass it, it scalds me. I never feel the natural satisfaction in passing it. I feel as if I had not finished and as if I could not finish." If the patient be intelligent and observant, she says : " There is also a change in the character of my urine. It used to be clear, amber coloured, rather like pale sherry wine, but now it is cloudy even when it is passed. When it has been passed and settled in the chamber, I notice that there is a thick sediment." Of course, if the patient be a person who knows something of medical terms, she may say, " I think there is mucus, or pus, in my water." If she does not make this statement, the doctor is quite sure to ask, " Is the water perfectly clear when it is passed ? " because water which is clear when passed and thick later simply means a very ordinary state of health. It means that the individual is not drinking enough water or is eating too much meat, or is suffering from chill or indigestion. There is no need to worry about urine which becomes thick on standing. It simply means that there is not sufficient water to hold the natural salts in solution, and, therefore, they precipitate.

It is quite otherwise with urine that is cloudy or thick when it is passed. Urine that is thick or cloudy when it is passed is so because there is mucus in it showing catarrh, or because there is matter in it showing suppuration somewhere. If the thickness disappears on warming there is no inflammation of the bladder.

Gonorrhœa usually attacks the urethra first, and then extends to the bladder itself, causing the symptoms of scalding, heat, irritation, frequency, and presence of matter in the water. In a very severe case there may be visible blood in the water. The next part to be attacked in the woman is generally some tiny glands about the external generative organs, and especially a pair of small glands, one on each side, which not infrequently become so violently inflamed that an abscess forms. They are called the glands of Bartolini, and an abscess in them is an excessively painful experience. These tiny glands, which are usually the size of a millet seed, swell to the size of a small sausage or a tangerine orange. The mere swelling would cause pain, but, in addition, there is violent inflammation and the formation of matter. It is possible to have inflammation of these glands from other causes. It is a great mistake to let an abscess go on until it bursts and spreads infection around, so causing other abscesses. It is right that abscesses should be opened and properly dealt with.

The next extension of the inflammation is usually into the vagina, that is, into the female passage. This passage is somewhere about three to four inches in length, and in the virgin woman it is not open. The two sides touch each other like the two surfaces of a finger of a glove, they are not stiff, and open, like a gas pipe. The whole of the flat tube is covered with

mucous membrane, and when gonorrhœa is present it becomes brilliantly red, greatly swollen, very much hypertrophied, and there is a copious flow of discharge. This is one of the many causes of discharge from the vagina.

In the case of the unmarried woman and the little girl, this vaginitis, as it is called, probably goes no further. It is altogether different in the case of the married women. In the married woman the uterus, that is, the womb, has been developed, and its mouth is more or less open, the inflammation in such cases may pass up and reach the internal parts of the body, affecting the ovaries, the oviducts (or Fallopian tubes), and also the peritoneum.

There are few women who have not heard of *peritonitis*, because it arises from many different causes—tubercular peritonitis, peritonitis following child-birth, peritonitis caused by appendicitis and from many other diseases. Amongst the most serious and fatal is gonococcal peritonitis. Gonorrhœa inflicts upon a woman first a great inconvenience when it affects the water passage, then a painful and loathsome discharge when it affects the vagina, and finally an illness that may be fatal when it gets higher up and affects the ovaries, the Fallopian tubes and the peritoneum.

The late Royal Commission on Venereal Diseases examined many expert witnesses on the subject of gonorrhœa, and they told us that, in their opinion, somewhere about 25 per cent. of all the serious inflammations and the abscesses which may affect the internal generative organs of women are due to gonorrhœa.

It is perfectly true that these abscesses, whether in the acute or chronic stage, can be treated surgically. A serious operation can be performed, and is often successful, but a fair percentage of women die from neglecting gonorrhœa which finally attacks their internal organs.

How is gonorrhœa produced? In the great majority of cases gonorrhœa is a venereal disease, that is to say, it is usually acquired in the act between man and woman, the wife becoming infected from an infected husband, or the careless and immoral woman infecting a man. But a considerable proportion of the victims are little girls. These little girls are perfectly innocent, and the great majority of women who suffer from gonorrhœa are also innocent.

The symptoms in the little girl are the same as in the grown-up woman, except that inflammation of the bladder is not so common, and inflammation of the womb is practically unknown. In the case of little girls the infection is nearly always limited to the external parts and the vagina; it is therefore called *vulvo vaginitis*.

"How do little girls get it?" Occasionally an unfortunate little girl gets it because some abandoned brute of a man has

misused her. It is an extraordinary thing, but there is a superstition among bad men that having intercourse with a little virgin will take away their disease and the little virgin will suffer from it, a piece of incredible ignorance and wickedness! Some little girls, no doubt, get it from the careless use of towels, sheets and lavatories.

A girl just nine years old had been ill with gonorrhœa for more than a year when she came into my hands. Her mother's story was that she had been out with her governess for a long walk and before the child could get home she wanted to relieve the bladder. Somewhat imprudently, she was taken into a public lavatory, and from that time she began to suffer with the usual symptoms. It was not known whether she was infected by sitting on an unclean seat, which a child would probably not notice, or whether she used a dirty towel. Unfortunately in her case there were many relapses, and it was not until treatment was applied under an anæsthetic that she was finally cured.

Treatment is difficult in children, because the vagina is small and the opening to it is partly closed by a membrane called the hymen. It is sometimes necessary to remove the hymen in order to apply remedies in an efficient manner.

It is true that ignorant and malicious women who wish to blackmail a man sometimes accuse him unjustly, but the fact remains that gonorrhœa may be communicated to girl children by attempted sexual intercourse; and that they may be waylaid and ill-treated in the dark and in lonely places. A lady who managed a rescue home in North-West London said that many of her girls were immature, and that they had been found by the police gagged and bound in such places as the less frequented parts of Regent's Park.

Very rarely children's generative organs are infected by discharge from the mother during birth.

The commonest and the most disastrous infection of children with gonorrhœa is known as *Ophthalmia Neonatorum.* This is an intense inflammation of the mucous membrane lining the eyes which occurs in newly-born infants. The infection is communicated by the soiling of the child's eyes, face or hands with discharge during the process of birth.

Whether the woman has any visible discharge or not, every baby's eyes and face should be carefully cleansed as soon as the head is born. The hands should also be washed, because they are sure to be covered with discharge which may be rubbed into the infant's eyes before it has its first bath.

If the woman is known to be suffering from gonorrhœa, or if a purulent discharge is present, a drop of nitrate of silver solution should be dropped into the child's eyes to prevent infection. This is the rule at some lying-in hospitals. When this

precaution is taken ophthalmia neonatorum is unknown, and the solution, if of the right strength, does no harm to the child's eyes.

If, unfortunately, infection occurs, nothing is seen for a few days, and then the mother or nurse notices a little redness and swelling of the eyelids, and very soon a drop of yellow matter oozes out. The course of the disease is rapid, and quickly the swelling and redness increase so that not only are the eyes closed, but in bad cases the eyelids are turned inside out and appear as a brilliant scarlet ball of many folds—something like a peony. The discharge of matter becomes profuse, and the pressure of the swollen mucous membrane and eyelids on the eyeball is so great that its nutrition suffers and the cornea (the clear, glassy part of the eye) becomes first clouded, then ulcerated, and finally it breaks down, the deeper parts of the eye escape, and both blindness and deformity are inevitable.

These disasters may be prevented first by avoiding the infection of the mother, by curing her of her disease, by thoroughly cleansing the child's eyes, face and hands as soon as it is born, by the instillation of the nitrate of silver solution, and lastly by prompt and appropriate treatment of any redness or swelling of the eyes, no matter how trifling it may appear to be.

Gonorrhœa and syphilis between them account for more than half of all cases of blindness in the country. We are, therefore, extraordinarily penny wise and pound foolish to allow these diseases to go on unchecked, unprevented and uncured. The expenditure of a few pounds in the beginning would stop it all. But we do not spend those few pounds. Women have gone on contentedly slumbering all these years. Men have not wished them to know, and women have not had the natural curiosity of Eve to make them insist upon knowing. So things have gone on, and the end of it all is loss of life, the spoiling of life, the filling of asylums and hospitals, and the loss of the men and women who ought to be the stay and the hope of the nation. All this evil exists, and there is no need for it to exist, because these diseases are eminently curable and eminently preventable.

Prevention and Treatment of Venereal Diseases.

How do we propose to deal with the national danger of venereal diseases?

We know the nature of these diseases. Their detection is easy. We know the remedies, and we know how the remedies can be applied. The next thing is, how are we to get the diseased people into proper relation with the remedies? And that presents a great many difficulties. One of the difficulties is that the nation knows, or thinks that it knows, that syphilis and gonorrhœa are venereal diseases and that it believes that they are always the result of personal wrongdoing. It is not true. Sometimes, although they are venereal in remote origin, they are not venereal in the individual case, that is to say, a person may be infected in

their lips from kissing someone who has syphilis, or in the fingers in the case of doctors and nurses, and in many other ways. Therefore, we ought not to judge and say that everyone who is infected is infected through their own fault. But the idea has become so ingrained in the minds of the people, the whole thing is so associated with sin and shame, that up to within the last few years women practically knew nothing about it. Men were perfectly determined that women should not know. They did not think that it was decent and proper that they should know and the women themselves were only too willing to remain in ignorance. A new spirit is now showing itself. This is partly owing to the influence of the late Royal Commission, partly owing to the greater seriousness of the public, which has been sobered by the sorrows and the anxieties of the war, and partly by the deep impression made by the realisation of the undue rate of infantile mortality. Public recognition of the importance of venereal diseases has been made possible by the deep conviction that is now entering the public mind that these things constitute a national danger, and therefore that, painful as their discussion must be, it is a sacred duty to learn about them in order that people may learn how to avoid them and by what means the victims may be cured.

The Commission felt that there must be an end of false shame. When people have sinned it is right that they should be ashamed, but for their own sakes and for the sake of their neighbours, they must be cured; also if anyone has an illness inflicted on them it is right that they should be cured. It cannot be right that people, whether innocent or not, should be allowed to go about and carry these diseases to other people.

The Commission, therefore, recommended that many centres of treatment should be started in London, in the great towns, and indeed all over the country. They recommended that in the first instance centres should be established in connection with the existing hospitals. It is almost incredible, but it is the fact, that many hospitals, until quite recently, refused to admit sufferers in the early and curable stages of the diseases. They were willing to admit them when blind, deaf, dumb, paralysed or insane; that is to say, they were willing to take them in when there was no hope of curing them, but they were not willing to admit them in the early and curable stages. Why? Because they knew that the public was persuaded that these diseases were always the result of wrongdoing, and they feared that if they took these men and women into hospital their subscribers would cease to give money and their friends would drop off. Also, they feared that if they took in people ill through their own fault, other patients would refuse to lie in the same ward. They also thought the nurses would say "We certainly don't want that sort of patient in our wards. Everybody will be infected."

All these arguments fall to the ground. The *disease* is not the shame, the *cause* of the disease is the shame. And, as soon as public opinion is fully enlightened, people will be much more disposed to give to institutions when they understand that a bitter wrong is being righted. They will not cease to subscribe, and as soon as people learn the lesson of Christian charity—that disease is disease and must be cured—and as soon as people learn a little political economy and know that people can be cured at a cost of £5 in the beginning and not for hundreds of pounds later on, and that millions of the ratepayers' money is going to deaf and dumb, blind and lunatic asylums because the disease is not treated in the early stages, then the commonsense of the nation will make the subscribers only too glad to give to institutions doing such a Christ-like work. It is also to be remembered that these diseases are transmitted by contact—not by ordinary infection through the air or through water.

Therefore the Government are inviting the great hospitals to co-operate with them and establish centres, and the hospitals are responding nobly to the appeal. This action, however, would not be enough. For instance, in London there are 12 great hospitals, but what is this as a provision for the treatment of the sick among the seven millions of Greater London? Far greater accommodation is necessary. There is a scheme which was published in July, a scheme of the Local Government Board for the establishment of centres in London and other great towns, and to give the power for starting centres by county councils and county borough councils. Imperial funds are to bear 75 per cent. of the cost and local funds are to bear 25 per cent. of the cost, and in addition to these centres and these hospitals private practitioners may also receive money for the purchase of drugs in order to enable them to treat their poorer private patients. Among other details of the scheme no patient is to be refused; no hospital almoner is to say "We think that you are able to employ a private practitioner, and we therefore refer you to your own doctor." The fact of having one of these diseases is to be a sufficient passport for admission. The majority of patients do not like to go to a public institution and own up to having these diseases, therefore not only is the treatment to be free, but no questions are to be asked as to the domicile of the applicant. A man from Kensington may go to Camberwell and the Paddington man may go to Mile End. The doctors are not to say "This is not your district or parish." Treatment must be absolutely free and no deterrent questions are to be asked. Clinics must be so arranged that the working classes can attend in their leisure hours so that their visits may not affect the day's work.

The Commission also felt that it was necessary that the Poor Law accommodation for venereal patients should be improved.

When the Commission began its work, a certain Doctor Johnstone was commissioned by the Local Government Board to go and visit the Poor Law institutions and infirmaries. He prepared an extremely valuable report, which was presented to the Commission. This report showed that there is a deficiency of Poor Law accommodation for all sorts of individuals, but more especially for those people who are suffering from venereal diseases. He found that the men were herded together in one inadequate room and the women in another. They were kept in bed, even when it was not necessary from a medical point of view, because there was no one to look after them. It was felt that these people were likely to be very unmanageable if they were allowed to have their clothes and to walk about. Therefore they were kept in night clothes. One master of a workhouse told Dr. Johnstone that " The life these people lead is something horrible. They are kept in bed, and have nothing to do. They are not ill enough to wish to be in bed, and I assure you that no one has gone over the threshold of their door except myself and my wife." " Surely they must have had a chaplain and a doctor to see them? " Dr. Johnstone asked. " No, sir; they are left entirely in my charge. I give them the best treatment I am able to, but how can I manage so many? "

Naturally this condition of things must come to an end. Better attention must be accorded to the Poor Law patients. Under such a system it is only to be expected that the patients would be unwilling to remain in the infirmary. Quite naturally, they take their discharge before they are cured, and go out and infect other people.

For some years now enlightened efforts have been made to instruct and to warn soldiers, sailors and policemen. Lectures are delivered to them telling them of the evils that exist, and what they ought to do if trouble arises and they become infected. They are encouraged to go to the proper naval and military hospitals to receive treatment. In these hospitals they are treated not only skilfully but kindly and considerately, and the good work that is done among them is very great; not only are they warned when they join the services, but subsequently lectures are given at regular intervals pointing out the dangers by which they are surrounded and advising them to avail themselves of the treatment that is provided for them.

The education of the public is essential. Until the people know their danger and the means of avoiding it nothing effectual can be done. Legislation, departmental orders, the efforts of the police, of philanthropists and of moralists are powerless to avert the danger unless they are supported and backed up by the hearty co-operation of the whole nation.

What part ought parents and other guardians of the young to play in this great crusade against disease, immorality and death?

Up to the present time the majority of parents, schoolmasters and schoolmistresses have pursued a policy of silence. They have done their utmost to preserve the innocence by securing the ignorance of their charges. This honest endeavour has not brought success. A certain proportion of children, especially of girls, has been shielded from knowledge of sexual physiology and hygiene. They have been allowed to marry and to become mothers without knowing anything definite and practical about the facts of life. The results have been disastrous. Some of these girls have been infected with gonorrhœa and have remained childless in consequence. Some of them have acquired syphilis and given birth to infected children. And as they did not know the cause of their sorrows to that extent their chances of cure and their hopes of bearing living and healthy children have been destroyed.

The policy of silence is responsible for still worse misfortunes. Many of the girls of the elementary school class become domestic servants. The statistics of the Registrar-General show that illegitimacy is commoner in the class of domestic servants than in any other class of the community, and that the mortality rate of illegitimate children is ten times that of the legitimate. All the circumstances of life are against the unmarried mother and her unfortunate children. The servant girl who incurs the risk of maternity loses her situation and her character; in many instances her health is ruined, and in the majority of cases she alone has to provide for the maintenance of the child if it survives. The present condition of the law is such that it is very difficult for the unmarried mother to find the father of her child, to prove that he is the father, and to procure the order of the Court necessary to secure an allowance for the maintenance of the child. It is on the woman that the punishment falls. It is she who bears the child in misery and peril; it is she who loses character and employment; and it is she who, having lost her means of livelihood, must endeavour to provide an honest living for herself and her child.

It is true that many young girls 14 years of age are not ignorant of the possible consequences of their fall from virtue. They have acquired a certain amount of knowledge, but not such knowledge as is calculated to save them from trouble. It has been acquired in such a manner as to brutalise and to degrade, rather than to elevate and refine, their minds. It is a question whether the young lady who knows nothing or the poor girl with perverted knowledge is in the worse position. The former cannot foresee or avoid her danger, the latter knows of its existence, but fails to understand its deadliness.

Young people must be trained to know the worth and dignity of the human body and the glory conferred on men and women by the power given them to hand on the torch of life. From

infancy every effort should be made to inculcate lessons of physical cleanliness and of moral purity. Much can be done by the provision of baths, by cleanliness of person, and by a better standard of clothing to bring home to children's minds the value of their bodies.

Another lesson to be assimilated with the mother's milk is the great lesson of self-control. In these democratic days, in which government from without is at a discount, the power of self-government is at a premium. The capacity for it exists, but its development is sorely hindered by the failure of parents to assist, or even to permit, its growth. The child who is allowed to go his own way in infancy—who eats what he likes, goes to bed and gets up when he likes, who disobeys his parents and is rude and undisciplined—will grow into the slacker, the drunkard and the libertine. Unlimited indulgence in sweets fosters the imperious demands of appetite, which may lead to excessive indulgence in alcohol, and the unbridled rudeness of the little boy is likely to lead to the want of chivalry and of consideration for women which holds their ruin cheap.

Many parents say that they are neither able nor willing to instruct their children in sexual matters, and yet it is no difficult task if done in the right way and at the right time.

The children themselves make it easy. Their questions are simple and direct; the answers to them should be frank and truthful. The hen and chickens, the cat and her kittens, the new baby in the family, are matters of the greatest interest to children and inspire the natural questions of "whence?" and "how?" Evasion of these questions is foolish and an untruthful answer is a sin—a sin against the mother, who will never again be trusted—a sin against the child, whose faith and confidence are violated; and a sin against God, whose providence, wisdom and love ought to have been demonstrated by the truth.

Children's minds are attuned to the truth and they bear it well. They are not shocked by the tremendous facts of the Gospel story. They believe in the virgin birth, in the resurrection and ascension of our Lord quite simply. They want facts rather than explanations. The mother who tells the child that God sent the fledglings, the kittens and the baby is on safe ground with the little child, and when asked "How did God send it?" she may say that she will tell all the story when he is a little older. Very soon the time comes for the wonderful fairy tale about the new baby—the baby that was too small and weak to live by itself and was kept warm and safe in the mother's body until it was big enough and strong enough to live by itself. A few words of thankfulness for the gift and of praise of the great and loving giver puts the whole story in tune, and then comes the necessary caution. "This is a secret between you and me; we do not talk of these things to other people."

Later still, the father's share in the gift of life will present itself for consideration, and the facts of vegetable physiology will serve as illustrations. The type of purity, the Madonna lily, may serve as a base of instruction. The anthers, with their golden pollen, represent the father, and the stigma, ovary and ovules the mother. Neither fruitful alone, but the two in conjunction capable of the miracle of fertilisation.

At the age of puberty more detailed instruction becomes necessary, and both boy and girl should be taught how to possess the vessel of the body in sanctification and honour. The powers of manhood and womanhood must be gratefully acknowledged, together with the caution that the premature and unsanctioned use of these powers would lead to illness and perhaps to permanent damage to health. Young people of both sexes should be led to the reverent and grateful acceptance of their gifts and to an honest resolve in no way to spoil or to abuse them.

In addition, young men should be trained to chivalry and to reverence for women, and should learn that the premature use of their powers may cause not only the loss of their own health, but is also likely to bring sorrow and disease to their future wife and children. They must be warned that these troubles may follow one single act of folly. There is a prevalent idea that disease is entailed only by a vicious life. It ought to be made clear that this is not true, and that lifelong sorrow and regret may be the consequence of one act of boyish mischief.